

## **Parenting Wisely**

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus Replication Information | Contact Information

Program developers or their agents provided the Model Program information below.

#### **BRIEF DESCRIPTION**

Parenting Wisely is a self-administered, interactive, multimedia CD-ROM program that reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and mutual support, supervision, and discipline. Parents can use it alone, in a group, or with a practitioner. The program targets parents with children 9 to 18 years of age.

#### PROGRAM BACKGROUND

Parenting Wisely was developed at Ohio University as an alternative or complement to existing family interventions. The developer used his knowledge of the Functional Family Therapy model and experience with program dissemination to create a program that would reduce or eliminate many of the barriers that keep at-risk families from receiving good family interventions. A multidisciplinary team identified critical goals for such a program: a) brief, since at-risk families are difficult to engage for multi-session treatment; accessible—available when families are; b) flexible—the ability to be delivered in many venues, with and without other interventions; c) non-stigmatizing; d) low cost; e) not dependent upon training or continued supervision, but with high treatment integrity; f) appropriate for families with diverse ethnic, educational, and socioeconomic characteristics; and, g) effective. The resulting prototype, an interactive computer disk was field-tested in 11 southern (Appalachia) Ohio counties under an Office of Juvenile Justice and Delinguency Prevention Formula Grant.

#### **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice: Exemplary II Program—Family Strengthening

Youth Justice Board, London, England: Pathways Project



## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

SELECTIVE, INDICATED

The program was designed for low-income, at-risk families who have children with mild to serious behavior problems.

#### INTERVENTION TYPE

COMMUNITY-BASED

## **CONTENT FOCUS**

ALCOHOL, ANTISOCIAL/AGGRESSIVE BEHAVIOR, SOCIAL AND EMOTIONAL COMPETENCE, VIOLENCE

This program does not target substances but, rather, targets risk factors for substance use. Teen alcohol use is shown as a result of parent-child conflict.

## Parent involvement as a primary strategy:

This intervention is designed for use by parents.

## **PROTECTIVE FACTORS**

INDIVIDUAL, FAMILY, SCHOOL, PEER

## **INDIVIDUAL**

- · Accepting personal responsibility
- · Personal power
- Self-esteem
- Attachment to parents
- · Problem-solving skills

## **FAMILY**

- Family support and cohesiveness
- · Parent-child bonding
- Clear and positive communication
- Clear rules and consequences
- Monitoring

## **SCHOOL**

- Parental involvement in schoolwork
- Parent-teacher communication

## PEER

- Parental monitoring of peer activities
- Healthy communication with peers
- Parental networking with peers' families

## **RISK FACTORS**

INDIVIDUAL, FAMILY, SCHOOL, PEER

## **INDIVIDUAL**

- · Lack of bonding to parents
- · Aggressive or disruptive behavior

## **FAMILY**

- Poor supervision and control
- Inconsistent rules and consequences
- Poor communication and support
- · Child abuse or neglect
- Domestic violence
- Favorable attitudes toward substance use

## **SCHOOL**

- Lack of parental support and involvement in schoolwork
- Truancy
- Academic failure

## PEER

· Lack of parental supervision of peer activities

## **INTERVENTIONS BY DOMAIN**

INDIVIDUAL, FAMILY

## INDIVIDUAL

• Life/social skills training

## **FAMILY**

• Parent education/parenting skills training

#### **KEY PROGRAM APPROACHES**

COMPUTER-BASED, IN-HOME SERVICES, PARENT TRAINING, SKILL DEVELOPMENT, OTHER: GROUP CLASSES

The video version of Parenting Wisely has the same content but does not have the interactive possibilities of the CD-ROM. The best option is to connect the CD-ROM to a projector, allowing the class to work interactively with the CD-ROM program. The video version can be loaned to families to view at home as a booster treatment.

#### COMPUTER-BASED

This program is entirely presented through a CD-ROM for a multimedia personal computer. The program includes a tutorial that teaches how to work through the cases. The program is upgraded periodically, based on ongoing research. Upgrades are offered at modest cost.

## IN-HOME SERVICES

Computer CD-ROMs may be used in the home.

#### PARENT TRAINING

Parenting Wisely consists of nine case studies, each of which opens with a video of a common family problem, followed by three positive responses. Parents choose a response, see a video of how their choice would work, and get feedback on their choices. After choosing the best response, parents answer questions about the ideas and skills presented in the case. Parents can choose to have the computer read text aloud.

#### SKILL DEVELOPMENT

This program teaches parents and children communication skills (active listening and "I" messages), assertive discipline (contracting, praise, and setting consequences), and supervision (working with teachers, monitoring homework and friends). Relationship enhancement and structuring skills support each other. Skill practice is promoted by giving each family a workbook with practice exercises and implementation tips.

#### OTHER

A noninteractive video version of Parenting Wisely is also available for use in classes with a large number of participants.

## HOW IT WORKS

While the intervention is delivered on a personal computer, neither computer familiarity nor literacy is necessary in order to independently and successfully use the program. Parents interact intensively with this video-rich program which prompts them to—

- Choose family scenarios relevant to them;
- · Within the chosen scenario, watch a challenging situation; and
- Resolve the situation by choosing from among the three problem resolution methods presented.

Learning is rapid due to the interactivity, video modeling of good responses, privacy, and non-judgmental delivery afforded by a computer program. The program usually takes one-to-three sessions to complete, substantially reducing the program dropout that often occurs with at-risk families. Printed program portions and workbooks are written at the fifth grade level and the program disk can also deliver the text as spoken word.

Parenting Wisely is delivered to parents in a variety of methods and settings:

- Agencies refer parents to a private room where they use the program on a computer and take home the workbook for reference and skill practice.
- Case managers, practitioners, or volunteers take the program to the families' homes for use by several family members.
- Parents use the program in groups led by a facilitator. (Group participation increases after parents use Parenting Wisely alone.)
- Parents are loaned the CD-ROM or video series to use at home
- Families use the program before, during, or after family treatment to complement the treatment.
- Use in juvenile court and detention centers; offices of social, health, mental health, and child protective services agencies; schools, libraries, and adult literacy/education locations; community centers, homeless shelters, and public housing offices.

Successful replication of the Parenting Wisely program is enhanced when:

- A local champion or coordinator stimulates program use.
- The program is located in multiple sites in a community.
- Managers, such as supervisors of practitioners, support full implementation.
- Evaluation is conducted. (Program outcomes or number of families served.)

## **OUTCOMES**

REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER TYPES OF OUTCOMES

## REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

Reduced child problem/conduct behavior 35% to 58%.

Reduced maternal depression by 30%.

Reduced parental use of physical punishment and yelling.

Reduced spousal violence and violence toward their children.

## IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

Improved general family functioning by 29%.

Improved family cohesion and parent-child bonding.

Improved family organization and family unity.

Improved effectiveness of discipline.

Improved parental involvement with children and their schoolwork.

Increased supervision of school and peer activities.

Improved school grades.

Increased knowledge and use of good parenting skills.

Improved problem solving.

Setting clear expectations.

#### OTHER TYPES OF OUTCOMES

High parental ratings of interest, relevance, ease of use, and confidence in using parenting skills taught.

Increased participation in further parent education classes by 38%.

Teaches parents effective child supervision and disciplinary skills, reducing problem behavior and increasing parental involvement

Teaches parents and their children communication skills, resulting in increased bonding

Improves family problem solving, which decreases conflict and improves family cohesion

Increases parents' self-efficacy and validates their strengths

Decreases coercive and authoritarian parenting practices, thereby reducing conflict

Reduces blaming attributions, thereby increasing cooperative interactions

Teaches a family systems perspective to reduce scapegoating

For children, clinically significant behavior improvement (two standard deviations) occurred between 20% and 55% of the time that their parents used the program. Program completion rates for parents ranged from 83% to 91%.

## **EVALUATION DESIGN**

Thirteen evaluations of the Parenting Wisely program have been conducted. Five studies involved random assignment of parents to treatment and control groups (no treatment or other treatments). Evaluations were conducted in juvenile detention, child protective services, health and mental health centers, probation departments, schools, and in families' homes. Represented among these studies were approximately 990 families of White (including Appalachian), African American, Hispanic, Asian American, and Portuguese origin, all primarily from lower income homes. Details on the studies are available on the Web site <a href="https://www.parentingwisely.com">www.parentingwisely.com</a>.

#### **DELIVERY SPECIFICATIONS**

5-24 WFFKS

Amount of time required to deliver the program to obtain documented outcomes:

There are nine case studies. It takes parents two to three 3-hour sessions to work through the computer program for nine case studies. In a group format, it takes six to ten 1-hour sessions over 6 to 10 weeks, or a 1-day workshop. In conjunction with practitioners' work with families, showing one to two family scenarios from Parenting Wisely during each session requires a total of four to six sessions. Documented outcomes occur within a week of program use and tend to improve over time.

From placing the order to installing the program on computers and familiarizing staff with the program, most agencies require 3 to 6 weeks.

## INTENDED SETTING

RURAL, URBAN, SUBURBAN

Developed for rural, urban, and suburban settings.

#### **FIDELITY**

Components that must be included in order to achieve the same outcomes cited by the developer:

- · Someone who knows the program stimulates its use
- Programs are located in multiple sites in a community (helpful, not necessary)
- Middle-level management of the sponsoring organization supports full implementation
- Evaluation (either outcome or number of families served) is conducted
- Parents must receive the parent workbook to keep for program review and to complete skill practice exercises

#### **BARRIERS AND PROBLEMS**

Staff resistance to technology is a key problem that requires familiarization and support by local champion for the parent program.

Resistance, particularly from high-risk families, can be overcome with incentives; home delivery (on a laptop computer); referral from a trusted source; or coercion by juvenile courts, child protective services, or schools.

#### **PERSONNEL**

No staff is needed unless the program is implemented in some type of clinical setting. A receptionist can direct parents to the computer, turn it on, and boot up the program.

Typical personnel problems encountered by users when implementing this Model Program and potential solutions:

**Problem:** Some practitioners who do not use or familiarize themselves with the Parenting Wisely program will not refer families to it. Other practitioners, who do not make the paradigm shift to using computers in place of or in addition to face-to-face services, will not refer the program.

**Solution:** Supervisors of such practitioners can insist on use of the program or pair an enthusiastic staff user of the program with the hesitant staff for support.

#### **EDUCATION**

## SPECIAL SKILLS

Someone with the ability to turn on the computer and ready it for client use may be needed.

For group administration, group leaders must have good interpersonal skills, experience working with parents and children, and careful familiarization with the group curriculum provided. Training in the use of Parenting Wisely with groups is very helpful.

## PERSONNEL TRAINING

Type: SEMINAR, Location: ONSITE (user), Length: BASIC (1 day), ADVANCED (2 days)

Training is not required in the use of the program, as it is a stand-alone self-administered program.

Training is available from Family Works, Inc., to generate community support for the program and for adding clinical components to the intervention, such as brief family consultation or group presentation.

For group use, a 1-day workshop with followup telephone consultation is available and recommended.

Technical assistance is available from Family Works, Inc., at no charge.

## TRAINING AND TECHNICAL ASSISTANCE

Staff training is not required to implement the program, as it stands alone and is self-administered. A *Service Provider's Guide* supplies all the information necessary to fully implement the program. However, training is available to show potential sites how to generate community support for the program, and how to add clinical components to the intervention (brief family consultation, group presentation). Technical assistance is available by phone or e-mail, from Family Works Inc. at no charge.

## COST (estimated in U.S. dollars)

\$1,001-5,000

Cost considerations for implementing this program as recommended by the developer:

## MATERIALS

Parenting Wisely CD-ROM Program Kit (includes interactive CD-ROM, motivational video, Service Provider's Guide with group curriculum, poster, parent brochures and completion certificates, referral cards, floppy disk with evaluation instruments, five Parenting Wisely CD-ROM Program Kit Bundle (includes both American and Spanish language Parenting Wisely 3-volume Video Series .........\$299 Parenting Wisely CD-ROM Kit plus Video Series ...........\$798 Parent Workbooks (each, per order of 19 copies, 

# Typical cost issues encountered by users when implementing this Model Program and potential solutions:

**Problem:** When grant runs out, many users desire additional programs and workbooks, so sustainability or expansion of services grants must be written.

**Solution:** Funding has been available from Target, Costco, Wal-Mart, and other large chains for community crime reduction. Funds may also be available from churches, civic organizations, Parent Teacher Organizations, etc.

## **Program Materials**

The Parenting Wisely program is contained on a CD-ROM that is formatted for a personal computer (PC). The PC must have a CD-ROM player, and the ability to play video on the computer screen and play sound. Complete program materials include:

- · One interactive CD
- One Program Manual
- Five parent workbooks
- · Parent completion certificates
- Program poster and referral cards
- Evaluation instruments (on a floppy disc, for duplication)

## INTENDED AGE GROUP

CHILDHOOD (5-11), EARLY ADOLESCENT (12-14), TEENAGER (15-17)

Developed for use by parents with children in late elementary grades, middle school, and high school (ages 9 to 18 years).

The young children's version was developed for parents of children 3 to 9 years of age.

#### INTENDED POPULATION

AFRICAN AMERICAN, ASIAN AMERICAN, HISPANIC/LATINO, AMERICAN INDIAN/ALASKA NATIVE, WHITE

Delivered to African American, Asian American, Hispanic/Latino, American Indian, and White groups.

A Spanish version is available for Spanish-speaking participants.

#### **GENDER FOCUS**

**BOTH GENDERS** 

Developed for use by both parents with their male and female children.

## REPLICATION INFORMATION

## CONTACT INFORMATION

See Who Uses Parenting Wisely at <a href="https://www.parentingwisely.com">www.parentingwisely.com</a> for list of users in each State and countries outside the United States.

## Implementers willing to be consulted:

Mary Louise Klimm, SSTAR, Fall River, MA (www.sstar.org)

Jennifer Bosley, Cascade Co., Juvenile Detention Center, Great Falls, MT (socwork@mt.net)

Cris Hoskin, Trust for Study of Adolescence, Manchester, England (ch001d8146@blueyonder.co.uk)

Robert Pushak, Child and Youth Mental Health, Penticton, BC, Canada (Robert.Pushak@gems9.gov.bc.ca)

Robert Pushak and Cris Hoskin can do training in group use of Parenting Wisely and integrating Parenting Wisely into work with individual families.

## Additional delivery locations where the Model Program was implemented:

Community health centers, child protection agencies, schools, family substance abuse treatment centers, mental health centers, juvenile detention centers.

## **CONTACT INFORMATION**

## ABOUT THE DEVELOPER

## Donald Gordon, Ph.D.

Dr. Gordon is a child clinical psychologist, family therapist, and emeritus professor of psychology at Ohio University. His orientation is cognitive behavioral, social learning, and family systems. His general mission, with the support of Ohio University, was to develop and evaluate intervention methods for at-risk families that are effective with underserved populations, and to disseminate these methods. He has modified the Functional Family Therapy program and assisted in its dissemination. Together with colleague Jack Arbuthnot, he also developed, evaluated, and disseminated the Children In The Middle program for divorcing parents.

## FOR INFORMATION, CONTACT

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